



Department of Health and Human Services  
MaineCare Services  
Member Services  
11 State House Station  
Augusta, Maine 04333-0011  
Toll Free (800) 977-6740  
TTY Users: Dial 711 (Maine Relay)

## MaineCare Well Child Member Education Request Form (MERF)



Date: \_\_\_\_\_

### ***\*Required Information***

\_\_\_\_\_  
\*Provider Name/ Specialty

\_\_\_\_\_  
\*Provider Phone Number

\_\_\_\_\_  
\*MaineCare Member's Name

\_\_\_\_\_  
\*Member's MaineCare ID #

\_\_\_\_\_  
\*Member's DOB

\_\_\_\_\_  
\* Member's Phone Number

\_\_\_\_\_  
\*Date of Last Office Visit

### **EDUCATION ~ This MaineCare member needs to be educated regarding** *(Check all that apply):*

- |   |   |
|---|---|
| <input type="checkbox"/> Missing appointments                                 | <input type="checkbox"/> Immunization hesitancy/refusal |
| <input type="checkbox"/> Has chronic health condition                         | <input type="checkbox"/> Developmental screening        |
| <input type="checkbox"/> Recent diagnosis/injury needs follow-up              | <input type="checkbox"/> Lead screening                 |
| <input type="checkbox"/> Staying current with Well-Child visits/Immunizations | <input type="checkbox"/> Other <i>(explain below)</i>   |

Other *(please be specific)*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **ACTION REQUIRED ~ This MaineCare member requires action regarding:**

- ☐ Family has Moved or Gone Elsewhere (MOGE).
- ☐ Unable to contact patient. Request MaineCare to contact family and encourage them to return to the practice for care.
- ☐ Member in danger of discharge within 30 days from practice due to:
- ☐ Three unsuccessful attempts to contact family
  - ☐ Other reason: \_\_\_\_\_
- \_\_\_\_\_

**When discharging a Primary Care Case Management (PCCM) member from a practice**, please send a copy of the discharge letter to PCP Network Services using a **secure** e-mail to: [PCP-Network-Services.DHHS@maine.gov](mailto:PCP-Network-Services.DHHS@maine.gov). You will also need to provide verification in the member's record, indicating that the member was advised of the practice's policy, with signed acknowledgement from the member and/or guardian.

You may fax completed form to 207-287-6533  
or mail completed form to the EPSDT Coordinator at the address above.